As a below maded inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one mame is listed below) or an original, first and joint inventor (if plural mames are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

|                                                                                                                   | specification of                                                                                                                                                                                                                                                                                                                                                                                         | Auteu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TRY SYSTEM                                                                                                                                                                                                                                           |                                                                                                                                    |
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| 7                                                                                                                 | (check one)  XX                                                                                                                                                                                                                                                                                                                                                                                          | is attached hereco.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | vas filed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | i on                                                                                                                                                                                                                                                 | āS                                                                                                                                 |
| į                                                                                                                 | ,                                                                                                                                                                                                                                                                                                                                                                                                        | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Application Se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | rial Xo.                                                                                                                                                                                                                                             |                                                                                                                                    |
| 7                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and was amende                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ed on                                                                                                                                                                                                                                                |                                                                                                                                    |
| I he                                                                                                              | ereby state that I<br>cification, includ                                                                                                                                                                                                                                                                                                                                                                 | have reviewed and unding the claims, as am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | derstand the conte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ents of the above<br>iment referred to                                                                                                                                                                                                               | identified<br>above.                                                                                                               |
| I ad<br>chi:                                                                                                      | cknowledge the dut<br>s application in a                                                                                                                                                                                                                                                                                                                                                                 | y to disclose informatic<br>coordance with Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | tion which is mate<br>37, Code of Federa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rial to the exam<br>al Regulations, S                                                                                                                                                                                                                | inacion of<br>1.56(a).                                                                                                             |
| for                                                                                                               | eign application(s<br>ntified below any                                                                                                                                                                                                                                                                                                                                                                  | n priority benefits u<br>) for patent or inven-<br>foreign application fo<br>at of the application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | cor's certificate<br>or patent or inven                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | listed below and<br>cor's certificat                                                                                                                                                                                                                 | have also                                                                                                                          |
|                                                                                                                   | Prior Foreign Ap                                                                                                                                                                                                                                                                                                                                                                                         | plicacion(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Priority Clai                                                                                                                                                                                                                                        | <u>ned</u>                                                                                                                         |
|                                                                                                                   | (Number)                                                                                                                                                                                                                                                                                                                                                                                                 | (Country) (I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Day/Month/Year Fil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ed) yes                                                                                                                                                                                                                                              | No                                                                                                                                 |
| pro<br>duc<br>\$1.                                                                                                | vided by the first<br>y to disclose mate<br>56(a) which occurr                                                                                                                                                                                                                                                                                                                                           | or disclosed in the p<br>paragraph of Title 3<br>rial information as d<br>ed between the filing<br>filing date of this a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5, United States C<br>efined in Title 37<br>date of the prior                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ode, \$112, I ack<br>', Code of Federa                                                                                                                                                                                                               | nowledge th<br>l Regulatio                                                                                                         |
|                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                      |                                                                                                                                    |
| 30:~                                                                                                              | (Application Sec                                                                                                                                                                                                                                                                                                                                                                                         | ial No.) (Fil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ing Date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Sta                                                                                                                                                                                                                                                 | ing, abando                                                                                                                        |
| OFF<br>SENI<br>ROB<br>Res<br>I he<br>star<br>star<br>are<br>Unit                                                  | ER OF ATTORNEY: A  nc(s) to prosecute ice connected ther Government of the ROBERT F. BEE Registry No. RANY ONE OF THE D CORRESPONDENCE TO ERT F. BEERS, earch, Arlingt creents hade on in tements hade on in tements were made punishable by fin ted States Code an application or an                                                                                                                    | s a named inventor, I this application and ewith. (list name and United States has the RS O W. THOM 22172 Registry IEM Office of Naval on, VA 22217 all scatements nade of formation and belief with the knowledge the e or inprisonment, or d that such willful fay patent issued the registry of the such willful fay patent issued the registry.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | hereby appoint the transact all busing distraction number irrevocable right SKEER  No. 24460  DIRECT  Thomas (619)  Therein of my one kare believed to be at willful false shooth, under Sections and the sections of the sect | (patented, pend te following attomess in the Paterber), and hereby to prosecute to THOMAS W. H. Registry NO  TELEPHONE CALLS  S W. Hennen 939-3733  nowledge are true; and further true; and further true; and the control of Title y jeopardize the | ing, abando rney(s) and nt and Trad certify th his applica ENNEN 27798 TO: e and that er that the e like so m 18 of the            |
| OR<br>SENI<br>ROB<br>Res<br>I he<br>scar<br>are<br>Unit<br>the                                                    | ER OF ATTORNEY: A  nc(s) to prosecute ice connected ther Government of the ROBERT F. BEE Registry No. R ANY ONE OF THE D CORRESPONDENCE TO ERT F. BEERS, earch, Arlingtereby declare that tements made on in tements were made punishable by fin ted States Code an application or am I name of sole or encor's signature                                                                                | s a named inventor, I this application and ewith. (list name and United States has the RS W. THOM Section 1997). The Market States has the RS W. THOM Section 1997. The Market States have been section and belief with the knowledge the or imprisonment, or department issued the patent issued the first inventor DON MARCH.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | hereby appoint the transact all busing direction number irrevocable right SKEER  NO. 24460  DIRECT  Thomas (619)  herein of my own kare believed to be at willful false shoth, under Section also statements make the statement of the  | (patented, pend te following attomess in the Paterber), and hereby to prosecute to THOMAS W. H. Registry NO  TELEPHONE CALLS  S W. Hennen 939-3733  nowledge are true; and further true; and further true; and the control of Title y jeopardize the | ing, abando rney(s) and nt and Trad certify th his applica ENNEN 27798 TO: e and that er that the e like so m 18 of the            |
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(Supply similar information and signature for third and subsequent joint inventors.)